

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVERA ROSEBUD COUNTRY CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>126 S LOGAN AVE</b> <b>GREGORY, SD 57533</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 609 SS=D	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 1/23/24. The area surveyed was resident abuse. Avera Rosebud Country Care Center was found not in compliance with the following requirements: F609 and F610.</p> <p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified</p>	F 609	DON or their designee will update Abuse Prohibition and Procedures, clarifying reporting requirements and procedures by 2/7/24. DON or their designee will provide mandatory in-service on updated Abuse Prohibition and Procedures by 2/7/24. IDT or their designee will audit incident reports Mon-Friday for reportable events meeting the reporting framework of the State for one month starting 2/11/24. Results will be reported to the administrator at the quarterly QA meeting. If 100% compliance is met incident reports will be audited weekly for 6 months by IDT or their designee. If compliance is still achieve facility will then review monthly up to six more months to ensure compliance. Results will documented on the monthly QA spreadsheet and will be reported to the administrator at the quarterly QA meetings.	3/8/24 <i>AT</i>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Anthony Timanus*

TITLE

Administrator

(X6) DATE

2/8/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 609	<p>Continued From page 1</p> <p>appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on review of the South Dakota Department of Health (SD DOH) online report, interview, and policy review, the provider failed to ensure an allegation of sexual abuse made by one of one sampled resident (20), was reported within the required time frame of two hours from the time that the provider was made aware of the allegation.</p> <p>Findings include:</p> <p>1. Review of SD DOH online report revealed the following: *On 1/11/24 at 7:52 p.m. resident 20 reported an allegation to certified nursing assistant (CNA) E that CNA D had sexually abused her. -CNA E reported the allegation to registered nurse (RN) F. *On 1/12/24 at 2:15 p.m. RN B submitted the allegation to the SD DOH online reporting system.</p> <p>Interview on 1/23/24 at 1:38 p.m. with administrator A regarding the above allegation revealed the following, he: *First became aware of the above-referenced allegation on 1/12/24 at approximately 1:00 p.m. *He was not aware that an allegation that would have been considered a serious bodily injury was to have been reported to the SD DOH within two hours after becoming aware of the allegation.</p> <p>Interview on 1/23/24 at 2:55 p.m. with RN F via telephone conference revealed the following: *On 1/11/24 CNA E had reported to her that resident 20 had made the allegation referenced above. *She had reported that allegation by facsimile and</p>	F 609			

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F 609	Continued From page 2 telephone conference to director of nursing (DON) G on the evening of 1/11/24, she could not recall the time of the notification. -DON G had stated to her there was nothing to corroborate that the incident had happened, and that she would "follow up" the next day.  DON G was not available for an interview during the survey period.  Review of the provider's April 2016 Abuse Prohibition Policy and Procedure revealed: **"Reporting suspected abuse and neglect" -"All staff is expected to report suspected abuse, neglect, exploitation, misappropriation of property immediately upon forming a suspicion; failure to report will result in corrective action in addition to notification to Board of Nursing of negligence if nursing staff had knowledge but did not report concern." -"Mandatory reportable (as outlined in state regulation) need to be reported to the Dept. [Department] of Health within 24 hours of forming suspicions of abuse or neglect and must include follow up investigation and report within 5 days; if the suspected abuse or neglect resulted in serious bodily injury the report will be made within two hours of forming suspicion of abuse or neglect."	F 609			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.	F 610	All incident reports will be audited by the IDT at their daily morning meeting for completion of facility investigation and preventing of further abuse, neglect, mistreatment while investigation is going on for one year. Results of these audits will be documented on the monthly QA spreadsheet and will be reported quarterly to the administrator at the quarterly QA meeting.	3/8/24 <i>AT</i>	

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F 610	Continued From page 3  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of the South Dakota Department of Health (SD DOH) online report, interview, and policy review, the provider failed to ensure an allegation of sexual abuse made by one of one sampled resident (20) against a certified nursing assistant (CNA) (D) was thoroughly investigated. Findings include:  1. Review of the SD DOH online report revealed the following: *On 1/11/24 at approximately 7:45 p.m. resident 20 reported an allegation to certified nursing assistant (CNA) E that CNA D had sexually abused her. -CNA E had reported the allegation to registered nurse (RN) F. *The provider submitted that allegation to the SD DOH online reporting system on 1/12/24 at 2:15 p.m.  Interview on 1/23/24 at 1:27 p.m. with RN B regarding the above revealed she: *Had thought the sheriff's office was completing the investigation. *Was not sure if anyone had interviewed CNA D.	F 610	Investigate, prevent and correcting abuse allegations has been added to the Abuse Prohibition Procedure Policy. All staff will be trained and educated on this policy at the 2/7/24 mandatory in service. The administrator, DON, and MDS coordinator will be in charge of investigations internal to the facility. Proper investigations procedure per the updated policy was discussed and reviewed at our IDT meeting on 2/6/24.		

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F 610	<p>Continued From page 4</p> <p>*Confirmed the provider had not completed a thorough investigation.</p> <p>Interview on 1/23/24 at 1:38 p.m. with administrator A regarding the SD DOH online report revealed he:</p> <p>*Had first become aware of the above-referenced allegation on 1/12/24 at approximately 1:00 p.m. by RN B.</p> <p>*Suspended CNA D "at around 2:30 on the 12th [1/12/24]".</p> <p>*Had notified the local sheriff's office to complete an investigation on 1/12/24.</p> <p>-Stated he thought that the sheriff's investigation would have been sufficient.</p> <p>-The sheriff's office had requested the Department of Criminal Investigations (DCI) complete an interview with CNA D.</p> <p>--As of 1/23/24, the DCI had not interviewed CNA D.</p> <p>*Stated he had interviewed CNA D regarding the alleged sexual abuse, with one question being asked, "Did you, do it?"</p> <p>-The employee response has been "No, I did not."</p> <p>*Allowed CNA D to return to work on 1/17/24, in the facility, without completing a thorough investigation.</p> <p>*Confirmed other staff or residents that might have had relevant information were not interviewed.</p> <p>*Confirmed the allegation had not been thoroughly investigated.</p> <p>Interview on 1/23/24 at 2:55 p.m. with RN F via telephone conference revealed the following:</p> <p>*On 1/11/24 CNA E reported to her that resident 20 had made the allegation referenced above.</p> <p>*She had reported the allegation by facsimile and</p>	F 610			

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F 610	<p>Continued From page 5</p> <p>telephone conference to director of nursing (DON) G on the evening of 1/11/24, she could not recall the time of the notification.</p> <p>-DON G stated to RN F there was "nothing to corroborate" that the incident had happened, and that she would "take care of it tomorrow".</p> <p>--DON G was not in the facility the evening of 1/11/24.</p> <p>*RN F allowed CNA D to continue working his shift that evening.</p> <p>-She did not initiate an investigation regarding the alleged sexual abuse.</p> <p>-She had 5not notified CNA D of the allegation against him.</p> <p>DON G was not available for an interview during the survey period.</p> <p>Review of the provider's April 2016 Abuse Prohibition Policy and Procedure revealed: *"Reporting suspected abuse and neglect" -"All staff is expected to report suspected abuse, neglect, exploitation, misappropriation of property immediately upon forming a suspicion; failure to report will result in corrective action in addition to notification to Board of Nursing of negligence if nursing staff had knowledge but did not report concern." -"Mandatory reportable (as outlined in state regulation) need to be reported to the Dept. [Department] of Health within 24 hours of forming suspicions of abuse or neglect and must include follow up investigation and report within 5 days; if the suspected abuse or neglect resulted in serious bodily injury the report will be made within two hours of forming suspicion of abuse or neglect."</p>	F 610			